



Rahm Emanuel
Mayor

Department of Police • City of Chicago
3510 South Michigan Avenue • Chicago, Illinois 60653

Garry F. McCarthy
Superintendent of Police

22 February 2012

TO: Former Chicago Police Officer Robert GALLEGOS STAR # 19717

FROM: Sergeant Mark A. Higgs #1914
General Investigations Section
Bureau of Internal Affairs

SUBJECT: Notification of Complaint Log Investigation # 1051511 Re: Decertification by the Illinois Law Enforcement Training and Standards Board.

This letter is to inform you, Former Police Officer Robert GALLEGOS STAR # 19717, that you are the subject of a Complaint Register Investigation, CL # 1051511.

As an accused in this investigation you have a right to respond to this allegation. Please contact me as soon as possible so that I can make arrangements to interview you regarding the incident under investigation. The following information is provided so that you can contact me without unnecessary inconvenience. Contact Sergeant Mark HIGGS at (312) 745-6310, Monday through Friday, between the hours of 8:00 am to 4:00 pm.



Sergeant Mark A. Higgs #1914
General Investigations Section
Bureau of Internal Affairs



City of Chicago
Department of Police
3510 South Michigan Avenue
Chicago, Illinois 60653
Sgt. Higgs Unit 121

Robert Gallegos
1157 W. 19th Place
Chicago, IL. 60608

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Robert Gallegos 1157 W. 19th Place Chicago, IL 60608</p> <p>2. Article Number (Transfer from service label) PS Form 3811, February 2004</p>		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL™



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

Sgt. M. Higgs Unit 121 / GIS

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Robert Gallegos

Street, Apt. No.,
or PO Box No. 1157 W. 19th Place

City, State, ZIP+4
Chicago, IL. 60608

PS Form 3800, June 2002

See Reverse for Instructions

CPD 0028565